ENDOPATH® SureSeal Reducer Cap
510(k) Summary of Safety and Effectiveness

Company
Ethicon Endo-Surgery, Inc.
4545 Creek Rd.
Cincinnati, OH 45242

K001220

Contact
Katie Fordyce
Regulatory Specialist

Date Prepared
April 13, 2000

Name of Device
Trade Name: ENDOPATH® SureSeal Reducer Cap
Classification Name: Laparoscopes & accessories

Currently Marketed Device
ENDOPATH® OneSeal Reducer Cap

Device Description
The ENDOPATH® SureSeal Reducer Cap is a disposable, single patient use device. It is to be used in conjunction with Ethicon Endo-Surgery, Inc. ENDOPATH® 10/11mm and 10/12mm surgical trocars to provide sealing around instruments with a wide range of shaft diameters in endoscopic surgical procedures.

Indication for Use
The ENDOPATH® SureSeal Reducer Cap has application in thoracic, gynecologic or other minimally invasive surgical procedures when it is necessary to use smaller diameter instruments through a larger diameter ENDOPATH Surgical Trocar port. It is designed for use with the ENDOPATH 10/11 mm and 10/12 mm trocars.

Contraindication
The ENDOPATH® SureSeal Reducer Cap is not intended for use when minimally invasive techniques are contraindicated.

Technological Characteristics
The technological characteristics of the new device are the same as those of the currently marketed device with the exception of the material change to the Cone Seal and Cone Seal Lubricant.

Performance Data

Bench testing was performed to verify the performance characteristics of the new device are superior to the currently marketed device. The ENDOPATH SureSeal Reducer Cap met all criteria for success outlined in the engineering study.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAY 1 6 2000

Ms. Katie Fordyce
Regulatory Specialist
Ethicon Endo-Surgery, Inc.
4545 Creek Road
Cincinnati, Ohio 45242

Re: K001220
Trade Name: ENDOPATH® SureSeal Reducer Cap
Regulatory Class: II
Product Code: HET
Dated: April 13, 2000
Received: April 17, 2000

Dear Ms. Fordyce:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Donna R. Lochner

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) NUMBER (IF KNOWN): K001220

DEVICE NAME: ENDOPATH® SureSeal Reducer Cap

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Contraindications:
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(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED.)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The-Counter-Use ____
(Per 21 CFR 801.109) (Optional Format 1-2-96)

Donna R. Lochner

(Division Sign-Off)
Division of General Restorative Devices
510(k) Number K001220